

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	hwl	7530	01-19-99
O.I.P.E. CLASSIFIER		10	1/20
FORMALITY REVIEW		609853	1/28/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions, staple additional sheet here **BEST AVAILABLE COPY**

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